



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90110 033 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P99000047881 1. Entity Name SUWANNEE BOAT HOLDER, INC. | | | |  | |
| Principal Place of Business 305 S.E. 2ND AVE. GAINESVILLE, FL 32601 | | | Mailing Address 305 S.E. 2ND AVE. GAINESVILLE, FL 32601 | | |
| 2. Principal Place of Business 2814 SW 13th St. Suite, Apt. #, etc. | | 3. Mailing Address 2814 SW 13th St. Suite, Apt. #, etc. | |  | |
| City & State GAINESVILLE, FL Zip 32608 | | City & State GAINESVILLE, FL Zip 32608 | | 4. FEI Number 59-3653291 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AVERA, WILLIAM N 305 S.E. 2ND AVE. GAINESVILLE, FL 32601 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2814 SW 13th St. City GAINESVILLE FL Zip Code 32608 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D AVERA, WILLIAM N 305 S.E. 2ND AVE. GAINESVILLE, FL 32601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2814 SW 13th STREET GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>William N. Avera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/18/06 352-372-9999 <small>Date Daytime Phone #</small> | | |